

**Kentucky Board of Medical Licensure
The Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-7150**

2018 Athletic Trainer Renewal Application – Renewal Fee: \$50.00

1. Name: _____ AT License # _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____

Email Address: _____

2. Practice Address: _____

City, State, Zip: _____

3. Is your Board of Certification (BOC) current? ☐ Yes ☐ No
BOC Certification # : _____ Expiration Date _____

4. Current Employment:

Name: _____

Business Address: _____
(street)

City: _____ State: _____ Zip Code: _____

Phone: () _____ Type of Practice: _____

List of duties performed:

2018 Athletic Trainer Renewal Application

Qualifying Questions

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and provide an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your licensure.

Please answer all the questions listed below. If you are currently a participant in the Kentucky Physicians Health Foundation program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer all questions correctly.

1. Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regards to any of the following:
 - a. Certificate or license in any state or Canadian province;
☐ Yes ☐ No
 - b. Membership or association in any state or professional society;
☐ Yes ☐ No
2. Since you last registered, has any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
☐ Yes ☐ No
3. Since you last registered, have you surrendered your certificate/license as an athletic trainer, or placed it into inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐ Yes ☐ No
4. Since you last registered, have you been arrested or convicted of any felony offense in any court?
☐ Yes ☐ No
5. Since you last registered, have you entered a guilty plea, nolo contendere plea or Alford plea to any misdemeanor offense in any court? ☐ Yes ☐ No
6. Since you last registered, are any legal proceedings presently pending against you by any State or Federal authority or any drug enforcement authority?
☐ Yes ☐ No
7. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?
☐ Yes ☐ No
8. Since you last registered, have you suffered or been treated for any medical or psychiatric condition which might impair your ability to continue to practice as an athletic trainer?
☐ Yes ☐ No
9. Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?
☐ Yes ☐ No
10. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☐ No

• ***If you answered "yes" to any of the above questions, please attach a written explanation and any pertinent documentation.***

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Signature: _____ **Date:** _____